

Foster Family Home - Corrective Action Report

Provider ID: 1-190018

Home Name: Lorena Laforga, CNA

Review ID: 1-190018-1

91-1118 Kuhina Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 3/19/2019

Foster Family Home

Required Certificate

[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 3/19/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

3/19/19
Date

3/19/19
Date